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ABSTRACT

This report reviews the degree programs in physical therapy offered by five State University System of Florida (SUS) institutions. The evaluation is based on self-study reports submitted by the universities, site visits, interviews, and school records. The report includes an overview of the physical therapy profession, system-wide analysis and recommendations for the SUS, and individual analyses and recommendations for the five schools that participated in the study (University of Florida, Florida A&M University, University of Central Florida, Florida International University, and the University of North Florida). System-wide recommendations include: (1) a moratorium on the development of any additional SUS physical therapy programs; (2) the expansion of current programs; (3) the offering of the master of physical therapy (MPT) as a first professional degree; (4) clinical affiliations between SUS programs and clinical institutions, such as hospitals; (5) a common SUS physical therapy student application; (6) 12-month contracts for faculty; and (7) increased faculty salaries where necessary, to be competitive with national norms. Appendixes contain the author's curriculum vitae, a sample MPT curriculum, curriculum-based instructional needs, community college articulation guidelines, a graduate and employer survey, the SUS coordinators of physical therapy review, and supplemental information from Florida A&M University. (MDM)

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Physical Therapy
Program Review
State University System of Florida

Consultant's Report and Recommendations

by

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February 1995

Table of Contents

Introduction..... 1

An Overview of the Physical Therapy Profession: Opportunities and Challenges 2

Physical Therapy Education in the State University System..... 9

University of Florida..... 16

Florida A&M University..... 22

University of Central Florida..... 30

Florida International University..... 35

University of North Florida..... 43

Appendices..... 49

- BOR Consultant's Curriculum Vita 50
- Sample MPT Curriculum 67
- Instructional Needs, Based on Curriculum 70
- Community College Articulation 77
- Graduate and Employer Survey 79
- SUS Coordinators of Physical Therapy Review 82
- Supplemental Information from Florida A&M University 84

Introduction

The review of physical therapy programs in the State University System of Florida (SUS) was conducted in 1993-94, with site visits occurring in February 1994. Five universities in the SUS offer programs in physical therapy: The University of Florida, Florida A&M University, The University of Central Florida, Florida International University, and The University of North Florida. A Board of Regents (BOR) consultant was selected, with input from the affected universities.

Each physical therapy program prepared a modified self-study, following guidelines from the BOR. The self-studies were reviewed by Board staff and the BOR consultant prior to the site visits. The consultant, accompanied by a Board staff member, spent one full day on each campus, interviewing the president or provost, other members of the central administration, the dean of the college, the physical therapy program administrators, faculty and students in the program, and clinical faculty and employers of the graduates.

Following the site visits, the consultant requested detailed contact hour information on each program. The analysis of this information resulted in a comparison of contact hours and credit hours across the system, and identification of the faculty FTE which needs to be dedicated to teach each program. These results were made available to the universities, and summarized in the Appendix of this report.

The report is divided into four main sections: I. An Overview of the Physical Therapy Profession; II. Physical Therapy Education in the State University System, Statewide Recommendations; III. The Individual University Programs; and IV. Appendices.

An Overview of the Physical Therapy Profession: Opportunities and Challenges

The Physical Therapy Profession

Physical therapy is concerned with the prevention and treatment of movement dysfunction, whether the dysfunction is due to trauma, disease, developmental disability or aging. The physical therapist is a professional educated at the bachelor's degree level or above who provides and oversees the provision of physical therapy services, including assessment, evaluation, diagnosis, treatment and education of patients/clients and their families/caretakers for self care, prevention of future dysfunction, and wellness.

As implied in the name, physical therapists employ physical means, including heat, cold, light, electricity and exercise, to promote movement and function. Physical therapists practice in a number of settings including but not limited to, schools, developmental centers, hospitals, HMO's, sports medicine centers, skilled nursing facilities, nursing homes, private offices, home health agencies, and rehabilitation centers.

Physical therapists must be licensed for practice in the state(s) in which they practice. The scope of professional practice varies, but in over half the states referral by a physician to physical therapy is not required; an individual may directly obtain the service of a physical therapist.

Employer Demand

Employer demand for graduates is high and continues to grow. The Bureau of Labor Statistics predicts an increase of over 70%

in the positions for physical therapists into the first decade of the twenty-first century.[1] An aging population, a greater emphasis on function, and the need to promote health and wellness (which will increase as more of the population ages) will contribute to the demand for professionals (such as physical therapists) who are skilled in treating and preventing movement dysfunction.

At the present time there are multiple positions available for each graduate of a physical therapist academic program. It is not unusual for a graduating student to receive job offers one year prior to graduation. Many healthcare facilities actually pay for a student's professional education in return for a specified length of service at the facility.

Many, if not most, healthcare facilities have vacancies for physical therapists. Perhaps the only exceptions are sports medicine related practice settings and geographic areas which are highly desirable. On the other hand, acute care settings and extended care settings, such as skilled nursing facilities, have substantial vacancies and growing needs for physical therapists.

In summary, the job prospects for physical therapy graduates are excellent and indications are that they will continue to be for the future.

Student Demand

The rewards of helping people to walk, reducing their pain and restoring their dignity through helping them to regain function, provide powerful incentives for individuals to wish to

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[1]This prediction predates healthcare reform. At the present time it is unclear what effect healthcare reform will have on the need for physical therapists.

become physical therapists. Add to the internal rewards described, the excellent job market and the opportunity to earn a reasonable salary, it is not surprising that physical therapy appeals to many students. It is not unusual for an academic program to have up to 10 qualified applicants for each seat in a class. This is extraordinary considering the rigor of the pre-professional requirements for most physical therapy programs. Applicants must complete challenging science, social science, and mathematics courses. A background in the arts and humanities is also generally expected. Typically, the successful applicants are among the best students at an academic institution, academically and as citizens.

Proliferation of Programs

The past decade has brought a proliferation of physical therapy programs as institutions seek to attract and enroll bright men and women. When an institution initiates a physical therapy program, it can generally count on increased enrollment even if the program admits only a small number of applicants into the professional program. Neither the relatively high cost of initiating a quality physical therapy program, nor the increasing numbers of new programs, has prevented programmatic proliferation. There are however two major resources which are becoming affected by the increasing numbers of new programs: clinical placements for students and qualified faculty.

Clinical Placements

Because physical therapy is a hands-on, practice based profession, a portion of the professional curriculum involves education which takes place in the clinical setting under the supervision of an experienced physical therapist. In contrast to other professions, such as medicine or nursing, there are not

large numbers of physical therapists in many facilities and practice settings. For example in many small community hospitals there may be only one or two physical therapists. The limited number of practice sites, in turn, limits the number of students who can participate in clinical education.

Compounding the problem is the need for exposing students to a variety of practice settings. Because of the variety of disabilities treated by physical therapists and the need to educate a graduate who is a generalist, students typically rotate through a number of practice settings. The need for multiple settings adds complexity to planning clinical education.

Although teaching a student is a gratifying experience, it generally involves a commitment by the clinical preceptor to work above and beyond regular practice with little, if any, additional rewards. Because academic programs may not share the same calendars, it is not unusual for a preceptor to finish with a student from one institution on a Friday and begin a new student on the following Monday. High demand for their educational skills may tire and adds stress for the most dedicated clinical preceptor. In some cases fatigue may lead to a potential preceptor refusing to take students. Facility administrators, wishing to retain therapists, may allow them to not supervise students.

As the number of physical therapy programs increases there is a corresponding increase in the demand for clinical education from facilities. The supply of sites is now being exceeded by the demand. The situation has warranted the recent exploration of innovative ways to meet student needs.

Paucity of Qualified Faculty

A serious problem faced by almost every physical therapy program is the shortage of qualified faculty to fill vacancies in academic programs. One survey by the American Physical Therapy Association (APTA) revealed that almost all academic programs had at least one vacancy for faculty and most had two. Perhaps more revealing is that many institutions take more than a year to fill a faculty vacancy if they are fortunate enough to attract and hire a qualified individual.

Because of high student demand, class sizes have not been reduced when there are not enough faculty. Instead the remaining faculty teach more and/or part-time instructors from the community (when available) also teach parts of courses or entire courses. As a result of the faculty shortage a program may become increasingly at risk. In the institution where tenure is based upon research and publications, faculty do not perform research, do not publish, and leave before they are negatively reviewed. In the institution where teaching is the major criterion for continuing appointment, the faculty soon realize they are teaching more than other faculty. The resulting resentment or burn-out may lead to one or more faculty leaving for another position. In either case, the departure of another faculty member exacerbates the situation by requiring the additional reliance on the remaining faculty and part-time instruction.

Another disincentive to remaining on a faculty is the fact that many graduates earn more than faculty *within one to three years of graduation.* Most academic institutions, including the consultant's own, recognize that competing with the practice market will not be possible. Individuals who truly wish to be faculty are seldom influenced only by remuneration and choose to

join a faculty for other reasons. Even so, the proliferation of physical therapy programs has made it possible for faculty to expect and receive relatively high salaries and other benefits with relative ease. As more physical therapy programs are developed, the faculty shortage is likely to become more severe.

Level for Professional Preparation

Another area that deserves mention is the level of professional preparation. The profession of physical therapy has evolved rapidly in the last two decades and the knowledge required for entry into practice has dramatically increased. For example, consider the progress made in joint replacements, cardiac surgery and even micro-surgery, which allows limb re-attachment. Individuals who benefit from these medical advancements require physical therapy. Perhaps even more important for the education of physical therapists have been the changes in the healthcare delivery system. Individuals who were formerly in hospitals are increasingly being discharged for care at home or in community settings. Because of the changes, the patients who are routinely seen by physical therapists at home may be more acutely ill, requiring the therapist to make more clinical judgements than ever before. The cognitive skills required for decision making where information is often times incomplete are not typical of undergraduate education. The healthcare system also increasingly requires every profession to validate the efficacy of its interventions, so the graduates are correspondingly required to become more adept at clinical research. Again, the expectations are atypical of undergraduate education. The response by physical therapist educators has been to critically evaluate and revise the curriculum. The result has been the substantial increase in the number of institutions which award the master's degree as the first professional degree.

Studies by the APTA, as well as this reviewer's experience suggest the best students favor a master's degree program and prospective faculty are more likely to be attracted to a program which offers the master's degree. It must be recognized however, that the decision to offer a master's degree must be based upon the academic merit of the proposal and the institutional resources available to support a program of acceptable quality.

Physical Therapy Education in the State University System (SUS)

System-wide Recommendations

- **A moratorium on the development of any additional SUS physical therapy programs (at institutions which currently do not offer physical therapy programs) should be implemented until the extant programs can no longer be expanded to address the State of Florida's needs for physical therapists. Incentives to induce programs to expand enrollments should be considered.**

The resources needed to establish a physical therapy program are significant. On the other hand, the resources to expand an existing program, while considerable, are usually less than the costs associated with a new program such as buildings, renovations, equipment purchases, and faculty. A more prudent approach may be to invest resources in expanding the five programs and developing incentives for innovations, such as adult learning programs or evening programs which make the most efficient use of resources.

Funding to expand extant programs should be earmarked and carefully monitored to ensure that they are used for the intended purpose.

A critical mass of faculty is necessary to provide a quality educational program for students. Incentives to attract, develop, and retain qualified faculty should be explored. Four of the five SUS programs currently have faculty vacancies and projected vacancies. Rather than instituting new programs, measures to improve the ability of existing programs to fill faculty vacancies appears to be a pressing need.

Currently there is no program in Florida which prepares doctoral level physical therapy faculty and relatively few in the country. One possibility may be the establishment of a program to prepare doctorally educated physical therapy and other allied health faculty to meet SUS needs.

Consider approving entry level masters degrees in physical therapy.

The SUS physical therapy programs involve education which appears to be beyond a baccalaureate in terms of expectations and rigor. At each institution the faculty and the students were questioned about the nature of academic expectations and rigor. The faculty expected students to integrate information and apply it in problem solving situations. In several of the programs students were involved in research with faculty or in groups advised by faculty mentors. Students, some of whom had earned master's degrees, universally described the curriculum as the most rigorous in their education. The description of the programs by faculty, clinical faculty and students, was more Characteristic of entry level master's programs than bachelor's degree preparation. The programs' curricula varied and none, at present, warrants a master's degree as is. However, with differing amounts of curricular revision, the SUS programs could become entry level master's degree programs. The consultant's recommendation is to re-visit the issue of entry level preparation, allowing each of the physical therapy programs the option of master's degrees if they can meet the appropriate standards for graduate education.

The consultant also recommends that the master's degree should be a practice degree, such as the master of physical therapy (MPT) rather than a traditional master of arts or master of science. The master of science or master of arts denotes

mastery of a subject beyond the bachelor's level and generally implies that the holder has a bachelor's degree in the same subject. It also generally involves an in depth research project or thesis. In a first professional degree, such as the MPT, the student does not have a bachelor's degree in physical therapy. In the consultant's experience the student also lacks the depth of experience in the field to engage in a meaningful piece of work that would merit recognition as a thesis. Instead a capstone experience which requires the student to integrate and apply the knowledge gained may be more appropriate. An MPT program is generally either a stand-alone program wherein the student entering has an earned bachelor's degree, or an articulated program. Common models of the latter are a "3+3" design or a "2+3" design. The first number designates the number of years of pre-professional study, while the second number denotes the length of the professional curriculum. Typically, a bachelor's degree (other than physical therapy) is awarded after the fourth year of study and the MPT at the completion of all studies.[2] It is the consultant's opinion that an articulated model would be useful to consider because it could support the articulation agreement. A sample list of courses for the professional portion of an MPT program appears in the Appendices.

- **The SUS physical therapy programs should develop a clinical affiliation contract form to be used by all physical therapy programs.**

At the present time each school uses its own contract to

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[2]The consultant developed a "3+3" MPT program at Temple University. The students majored in a discipline for the first three years either at Temple or an affiliating institution. At the successful completion of the fourth year (the first year of the professional program) the students were awarded a degree from Temple or their home institution. Students who were not accepted into the MPT program after three years of pre-professional study simply completed their bachelor's degree (other than physical therapy). They could also reapply to the MPT, but, if accepted, would be required to take the entire professional program as a graduate student.

establish a clinical affiliation for student rotations in a clinical setting, such as a hospital. One common contract could be used for an agreement with one or any number of SUS programs. Presently, some clinical institutions have different contracts for two or more SUS physical therapy programs. The common form will save time and fees for review in both the academic and the clinical institution.

- **Incentives should be provided for the programs to meet to develop a common application to the professional program.**

Many of the students interviewed applied to several physical therapy programs. Because of the competitive nature of the programs applying to several is very common for students. They mentioned the frustration of having to complete a different form for each program. Until the programs have met to explore and discuss the possibility of a common application to the professional curriculum the feasibility of such a form remains unclear.

- **Serious consideration should be given to exploring 12 month contracts for faculty in those programs which have curricula which span the entire calendar year.**

When faculty are appointed to academic year contracts that are normally 9 or 10 months in length, while the curriculum is routinely a 12 month curriculum, a potential problem for obtaining faculty to teach required courses exists. If a curriculum uses 12 months of the year, it seems appropriate to ensure that faculty to teach the courses will be available. In at least one of the SUS programs there is a possibility that a significant number of faculty could legitimately opt not to teach an "additional" session which would result in serious difficulties for students wishing to complete the curriculum as

presented in the catalog.

- **The faculty salaries for SUS physical therapy programs should be examined and, where necessary, raised to be competitive with national norms.**

The faculty salaries in physical therapy at SUS institutions appear to be significantly lower than comparable institutions, including the consultant's own. As mentioned in the overview, faculty salaries are rarely competitive with the clinical job market. Nonetheless, salaries which are lower than the national norms make the SUS system programs vulnerable to faculty "raiding" by other institutions. Because of the shortage of qualified faculty and the proliferation of physical therapy programs, it is not unusual for search committees to recruit individuals directly from other faculties. In order to recruit and retain appropriate numbers of qualified faculty, salaries should be competitive.

- **The establishment of faculty practice plans should be explored to assist the programs to become more self supporting.**

By allowing faculty to practice, salaries may be augmented and additional funds may be generated to help operate the program. Faculty practice plans may provide a means to fund the implementation of several of the recommendations.

Medical school practice plans and faculty appointments in academic health centers may provide several models for implementing this recommendation. A note of caution seems appropriate. If faculty are expected to teach and generate funds, they may not be as active or productive in research as faculty who do not or cannot practice. Thus practicing or clinician

faculty may not qualify for promotion and tenure. Typically, in a traditional university, these master teachers and practitioners would be in jeopardy for tenure because of lack of scholarly productivity.

INDIVIDUAL UNIVERSITY REPORTS

University of Florida

Overview

The University of Florida (UF) Department of Physical Therapy is the senior program and the only one of the SUS programs located in an academic health sciences center. The department offers a baccalaureate program for the preparation of physical therapists and also a master of science degree (M.S) for physical therapists who wish advanced knowledge in the profession. There are 46 students in each of the entry level classes (total = 92) and 12 students in the M.S. program.

There are currently eight full time faculty members in the department. Of the eight faculty, five are doctorally credentialed. The Chairperson and several faculty have been with the department for over a decade. There is stability and nationally recognized leadership for the faculty. The faculty are active in research and the department currently generates over $736,000 from external grants and contracts. In addition to teaching and research the department provides clinical services to the Sunland Center. The program is in the last year of a five year grant which provides resources allowing each class to be expanded by 15 students (30 total). It is unclear if the support will continue after this fiscal year.

The entry level bachelor's degree curriculum is 6 semesters including the summer semesters prior to the junior year and between the junior and senior years. The program involves 1749 student contact hours which include 474 contact hours in lecture or seminar, 555 contact hours in clinical skills laboratories and 720 contact hours in clinical education. The UF program requires the least student contact hours and least semester credit hours

(62) of the SUS programs. An external advisory committee is not used by the department. One hundred percent of the graduates routinely pass the licensure examination.

The Department is located in the ground floor of the Health Science Center. Space for faculty offices, classrooms, graduate students and laboratories is marginal. A new building is under construction to house the College of Health Related Professions.

Bachelor's degree (entry level) students and M.S. students were interviewed. The students interviewed were intelligent and articulate. The entry level students included individuals who had earned bachelor's degrees and several who already possessed master's degrees in other disciplines. The entry level students described the curriculum as rigorous and challenging. Those students who had master's degrees suggested that the entry level program was more rigorous than most of their graduate studies had been. The entry level students also were very pleased with the faculty and described them as excellent teachers. The entry level students were very pleased with the resources in the library but felt the classroom/laboratory was marginal at best. Several of the students expressed a concern that the program does not interview potential students. Few of the students interviewed at the site visit were AA transfers. The student body interviewed did not appear to be ethnically diverse.

The graduate students felt that the faculty were excellent theorists and teachers. Several of the graduate students expressed a desire for the faculty to be more involved in clinical practice so that theory could be linked to clinical applications. All graduate students expressed enthusiasm for the graduate stipends and most indicated that they would not be attending classes without the support from the stipend.

Strengths

- Quality of faculty

  - The faculty represents diversity and excellence. The students describes the faculty as role models and excellent teachers who are committed to the students' success. The students also described the faculty as dedicated and available.

- Leadership

  - The Dean, who is retiring, has provided excellent leadership to the College.

  - The Chairperson of the Department of Physical Therapy is nationally recognized as a leader in physical therapy education and administration. The quality of the faculty and the stability of the academic program are directly related to her leadership.

- Quality of the students

  - The students were intelligent, motivated and articulate. They chose UF because of the program's reputation for excellence. Although the licensure examination is only one indicator of success, the fact that all of the UF graduates routinely pass the examination speaks well of the quality of the students and the program overall.

- Location in an academic health science center

  - The health science center provides opportunity for

practice in close proximity (i.e. a teaching hospital), and basic science and clinical departments which provide service courses for all health science students (i.e. anatomy and pathology).

Areas of Concern

- Funding to maintain the expanded class size

  - As mentioned in the overview, it is unclear if the funding to maintain the present enrollment will continue after the last year of the external grant. The resources currently allow for the enrollment of 30 students, 15 in the junior and 15 in the senior class.

- Space

  - Until the new facility is completed, the space for the program appears marginal at best. Office, classroom, and storage space are needed.

- Equipment

  - According to the faculty, new and additional equipment for the program is needed. The support for building a new facility does not include equipment necessary for the education of the physical therapy students.

- Faculty salaries

  - The faculty salaries, for the most part, appear to be below national norms. According to the Chair, when a faculty member resigned it was necessary to combine the funds in two faculty lines in order to successfully

hire a replacement.

- Change in leadership

  - With the Dean's imminent retirement, it is unclear if there will be strong leadership to advocate for the College of Health related Professions.

Recommendations

- AA articulation

  - During the site visit it was mentioned there were concerns about making admission to the program more favorable for UF students. The program and the University are advised to carefully monitor the admissions process to ensure that applicants from community colleges with AA's are considered equivalent to native students. The use of standardized tests, such as the AHPAT, may provide data useful for admissions which do not selectively discriminate against applicants from community colleges. Improved academic advisement to pre-professional UF students may also be considered.

- Funding to maintain the expanded enrollment

  - As stated previously, the resources for enrolling and educating 30 students have been provided by an external grant which is in its last year. It is recommended that the state funding continue to support the expanded enrollment. Incentives to further expand the enrollment should also be considered.

- Equipment for the program when the new building is completed

  - The lack of funds and storage space have prevented the program from acquiring state of the art equipment for the program. When the space becomes available in the new building, the program will be able to store equipment and have space for equipment (such as examination tables) that will receive constant use.

- If possible, adjust faculty salaries to levels that are competitive with national norms

- Explore development of a clinical track (non-tenure)

  - A (non-tenure) clinical track allows for the recruitment and retention of master clinicians who can serve as teachers in specific clinical courses and practice to generate funds for the program. This approach exists in medical schools and is common at academic health centers.

- Improve diversity in the student body

  - An aggressive program to improve diversity in the student body should be developed and implemented. Optimally, the program will focus on both recruitment and retention. The physical therapy program is encouraged to use the "10% option" for admitting students who do not meet the regular requirements for admission into the program, in order to improve diversity.

Florida Agricultural and Mechanical University

Overview

Physical therapy at Florida Agricultural and Mechanical University (FAMU) is an established physical therapy program which is 6 semesters in length including two full time summer semesters. The required classes are scheduled on a 12 month basis and begin with the fall semester of the junior year and continue consecutively until the completion of a 12 week internship which takes place in the summer semester following the senior year. The program requires 2600 student contact hours. One student contact hour is one hour in a lecture, seminar, clinical skills laboratory or clinical education experience. FAMU is the third highest physical therapy program in the SUS in terms of student contact hours, but the second lowest in credit hours with 65 for the professional component.

The faculty appeared to be well qualified for their roles and represented commendable diversity. They appeared to be a cohesive group, committed to the education of students who will become excellent physical therapists. The recent departure of the founding chairperson, and controversy about the admissions process, appear to have negatively affected faculty morale. While they appeared supportive of the students and each other, faculty appeared distrustful of the administration and concerned about the future of the program.

The departure of the former chairperson has also apparently concerned the students and the clinical community. During interviews with clinicians, it became apparent that several had concerns about the internal matters of the program, principally the admissions process. Most of the area clinicians had FAMU

graduates on their staffs. Overall, the clinical community appeared supportive of the program and felt the graduates were "solid physical therapists".

The entire student body chose to meet with the reviewers, even though the room was overcrowded, very warm and required many of the students to stand or sit on the floor. The meeting was characterized by tension, frustration and anger. Unlike most physical therapy student bodies, which are very cohesive, the students were distrustful and, at times, openly hostile to each other. The issues of concern largely depended upon whether the students were seniors or juniors. The senior class was upset about the departure of the former chairperson and the lack of an instructor for a required class in management. The junior class was concerned about faculty for the next year and divided by issues and innuendo related to the admissions process.

The similarities between the concerns of the clinicians and the students suggest a common source for the rumors or a very well developed "grapevine"
. Whatever the source or mechanism of transmission, a very unhealthy situation resulted. The future of the FAMU physical therapy program will be influenced by the ability of the members of the community of interest to openly confront and resolve their differences.

Strengths

- A reputation for producing competent graduates

  - This may be related to a curriculum which is rigorous and, in many respects, more typical of a graduate entry level program. The faculty offer rigorous courses and opportunities for the students to engage in research

projects.

- The clinical community is supportive of the program

- The Dean's leadership in the allied health field

  - The consultant recognizes and respects the Dean as a leader on the campus and in allied health nationally.

- Diversity within the faculty and the student body

  - The diversity in this program, which is valued by the students and faculty alike, is commendable.

- Minority student recruitment

  - The program has benefitted from federal funding of $1.5 million, awarded for a ten-year period, which was obtained by the Dean for increasing the number of minorities in allied health fields.

- All faculty are employed on 12-month contracts.

- Faculty commitment

  - The faculty are dedicated to providing the best education for the students. When asked about the seeming disparity between credit hours and contact hours the faculty unanimously responded that the students deserved and were going to receive all the material required for becoming excellent physical therapists.

Areas of Concern

- The credit hours awarded for courses within the curriculum do not appear to reflect the contact hours required from students in a consistent manner

  - For example, in the first semester PHT 3001, Introduction to Physical Therapy, is a one credit course consisting of one contact hour of lecture per week while PHT 3231C, PT Clinical Science 1, is a two credit hour course consisting of 4 lecture hours and 6 clinical laboratory hours per week. The entire curriculum is presented in the appendix.

- Concerns about the admissions process were expressed by faculty, area clinicians and students

  - The admissions procedures and criteria described in the self study, by the Dean, by the faculty, and in the university bulletin were not the same. The information provided the reviewers on site was difficult to comprehend and largely in a written format.

  - The application of the "10% exceptions" was also confusing as described. It was unclear which students were admitted under the policy.

  - During the meeting with the students, the overall impression was that the same admissions procedure was not followed for all applicants, which may be a source of the students' concerns.

- There appeared to be a problem with open communication as well as a tolerance for other's needs

- For example, students stated there were classroom disruptions which affected conduct of their classes. When this issue was raised in the meeting with students it was noted there may be students with special needs in the class. Apparently several students, as well as an adjunct faculty member, were upset by conversations between students during lectures. During the student meeting it became apparent that the students who were conversing were not being disrespectful but interpreting for each other in order to grasp the material. The students who were conversing were upset because of the criticism from other students who (mis)interpreted their conversation as a lack of interest or seriousness about the content being presented.

- The morale of the students in the program is poor

  - Students in a professional curriculum are typically under a great deal of stress because of the rigor and amount of the work in the curriculum. Issues, rumors and incidents which add to their stress adversely affects their ability to concentrate on their studies. In short, students should not be made privy to the grist of the rumor mill; rather they should be informed in a direct and timely manner with an opportunity to ask questions and receive answers. While the Dean did meet with students, the problems regarding information are generally best handled at the program level. The lack of leadership at the program level, therefore, may have contributed to the anxiety of the students about being kept informed.

- Leadership for the program

- The faculty, students and clinician community appeared to be concerned because of the perceived void in the leadership for the program, due to the lack of a Chair.

- Faculty salaries

  - The faculty's salaries, for the most part, appear to be below national norms. Added to the other internal issues, there is concern that more faculty may leave the program.

- Inattention to filling vacancies on the faculty

  - Students were concerned that a course offered in the Spring Semester had not yet been staffed at the time of the site visit, although the semester had begun already.

Recommendations

- Revise the admissions process

  - The program is advised to have the procedures reviewed by the Board office.

  - The computerized applicant database should be used to a greater extent for data management, sorting, access and flexibility in presentation. It will also allow for longitudinal comparisons.

  - The admissions process should incorporate the articulation agreement which requires students with an A.A. degree to be considered equivalent to native students.

- Inform the community of interest of the admissions criteria

  - When admissions policies and procedures are approved the program is advised to openly share them with students, applicants, clinical faculty and clinicians in the community. Information about the process may help to avoid rumors and misinformation.

- Use innovative means to obtain equipment and resources

  - The faculty are encouraged to borrow, lease, rent or use equipment available at local sites rather than investing in expensive equipment which will be rapidly out-dated. Many programs in the country use, to advantage, these means of obtaining a wide variety of the latest equipment.

  - Many sales representatives will willingly work with academic programs to provide or lend items for students to use at little or no cost. The students get to work with and learn on the newest technology, the manufacturers get to introduce potential therapists to their product and the program does not have to deal with obsolescence or storage issues.

- Recruit and hire a chairperson to lead the department

- Provide resources to reduce tension and stress in the students

- Respond to requests for written materials for clinical sites and applicants

  - During the interviews with clinicians, they expressed a

desire to have printed materials describing the FAMU program on hand for distribution to interested potential students. The materials provide an opportunity to educate the public and the clinicians about the program.

- If possible, adjust faculty salaries to levels that are competitive with national norms

- Consider re-assessing the credits awarded for courses in the professional program

- Provide additional space and renovate areas of existing space for the program.

University of Central Florida

Overview

This is the newest of the SUS physical therapy programs. It is an upper division program enrolling 24 students in each entering class. The faculty overseeing the admissions process were familiar with the AA articulation and follow the guidelines.

The curriculum is 7 semesters in length and includes three summers. Required classes are scheduled on a 12 month basis and begin with a summer semester. The number of contact hours students spend in the classroom in lectures is the least of the SUS programs, but the time the students spend in skills laboratories with academic faculty and in the clinic were the greatest for the five SUS programs. It is the second longest physical therapy program in the SUS. The program is housed in two temporary buildings which appear new and well equipped. At the time of the visit, the program was preparing for its initial on-site accreditation visit.

The students interviewed were very articulate and well satisfied with their education. They felt that their faculty were excellent teachers. Several of the students had earned graduate degrees and many had bachelor's degrees. When asked about the rigor of the program, all students expressed the opinion that it was substantially more rigorous than what they experienced in prior college work, including graduate school. When asked what made their physical therapy education different, the reply was that students were routinely required to problem solve by integrating information from many courses. One young woman's remark seemed to capture their sentiment: "You just have to remember everything because you never know when you'll need

it". When the consultant asked the students about cutting the length of the program they were adamantly opposed.

Strengths

- The Provost and the Dean are knowledgeable and committed to the program. The Associate Dean is currently administering the program.
  - From all accounts the Associate Dean is doing an excellent job: the students and faculty appeared to be very supportive of his leadership.
- The program has a very well thought out and documented admissions process including an actual protocol
  - The process also involves members of the community in the interviews.
- The faculty of the program appear competent and committed to the program and to preparing an excellent physical therapist
  - The students characterized the faculty as "excellent", "expecting the best from us, "having high standards," and "always available for helping students."
- The clinical community is committed to the program
  - In addition to the funds which were raised to start the program, many clinicians from the community participate in the academic and clinical education of the students. It was evident that the community takes pride and feels some ownership for the program.

- The quality of students in the program appears to be excellent

  - The students interviewed, who represented both the first and second classes, were articulate, mature and impressive.

- The expectations of the UCF graduate are consistent with the profession, and the academic curriculum appears to be appropriate to prepare students to attain the competencies expected

  - The UCF curriculum appears to be beyond a typical baccalaureate program in breadth, depth and expectations. The students are routinely engaged in problem solving and synthesis which are consistent with the future practice of physical therapy and most often evident in graduate entry level programs. Contributing to this conclusion are the age of the students (mean age = 29) and their maturity; they conduct themselves in a manner consistent with graduate students. Interestingly, the clinicians interviewed also felt they were very mature and excellent problem solvers.

Areas of Concern

- The program requires a chairperson

  - While the program is stable under the Associate Dean's competent guidance, a chairperson who will meet the accreditation guidelines is necessary to provide leadership for the full emergence of this program.

- The program has vacancies which need to be filled with

competent faculty to complement the expertise of the individuals already on the faculty

- The current classroom seats only 23 or 24 students which may inhibit increasing the enrollment

  - The reviewer was informed that the walls could be reconfigured to accommodate more students.

- The program needs to improve diversity so that the diversity in the classes resembles the population

- The faculty salaries, for the most part, appear to be below national norms

- The degree awarded does not appear to adequately reflect the content or rigor of the curriculum. The rigor and content, while appropriate for current and future professional practice, in many ways are more typical of a graduate rather than an undergraduate physical therapy program.

- No mention of the program being limited access was found in the promotional materials for the program

Recommendations

- The chairperson and faculty positions should be filled with qualified individuals

- The promotional materials should be revised to include the limited access status of the program

- An aggressive program to improve diversity should be developed and implemented. Optimally, the program will focus

on both recruitment and retention. The physical therapy program is encouraged to use the "10% option" to improve diversity.

If possible, adjust faculty salaries to levels that are competitive with national norms

Florida International University

Overview

The Department of Physical Therapy at Florida International University (FIU) offers entry level education for physical therapy through a bachelor's degree curriculum and advanced education at the master's degree level for individuals with a bachelor's degree in physical therapy. The FIU campus appears to be undergoing growth and there is a vitality that is immediately apparent to a visitor. The institution appears to be moving forward ambitiously, with attention to quality. FIU intends to become a premier institution in the realms of business and engineering based upon excellence in the arts and sciences. It appeared that the health sciences were peripheral to the central missions of FIU.

The bachelor's degree curriculum is the longest of the SUS programs and subsequently also requires the greatest number of student contact hours in class and clinic. The program is 8 semesters in length and includes three summer semesters. Students begin the program in the summer between the sophomore and junior year and continue around the year until they complete a fall semester after the senior year. The number of credits required in the professional program is 106 and the number of required student contact hours in lectures, seminars, clinical skills laboratories and clinical education is 2971.

The curriculum is thorough and provides the graduate with an excellent education for physical therapy practice. After reviewing the curriculum, interviewing the faculty, and speaking to the students and alumni, it is apparent that the expectations and rigor of the curriculum exceed typical baccalaureate

education, including education for physical therapy. It was also evident that the faculty are committed to providing the students the finest education. Students in the program who are also physical therapist assistants, and therefore familiar with clinical physical therapy, recognized that the education they were receiving was designed to prepare them for future as well as current practice. Interestingly, for these individuals, the choice to attend FIU was based upon their observation of FIU graduates and the intensity of the curriculum.

The graduate students interviewed chose the master's degree program on the bases of access, opportunity to individualize the curriculum, cost of the education and the reputation of the faculty. Some of the graduate students were FIU graduates and came back to FIU to learn more from the faculty. Because of the vacancies on the faculty, the graduate program appears to have been scaled back; available resources are being directed to the entry level program. The enrolled students in the graduate program are concerned about resources but made it clear that their needs were being met by the faculty.

During the interview the students were asked how they would spend an imaginary blank check. The only restriction was that it had to be spent on the physical therapy program. Their immediate and unanimous response was to increase the faculty's salaries. The students, while grateful to the faculty for their dedication, could not understand why the faculty chose to remain in education. The students next spent their "money" on improving the physical plant. It seems that the enrollment was increased from 32 to 48 per class without a corresponding increase in space to accommodate the additional students.

The classrooms, which serve double duty as clinical skills laboratories, are marginally adequate. In some rooms there are

not enough desks or chairs to accommodate all students. Space which was originally designed for a clinic on campus is now used for research, storage and other activities because the rooms are too small for classes. The intended use was not realized because of subsequent campus development, which limited access to the area.

According to the self-study and the Chairperson, there are six vacancies on the faculty (from a total of nine positions). Currently, the classes related to the vacant faculty positions are being met by a combination of visiting faculty and adjunct faculty. The faculty salaries are low in comparison to national norms. In addition, despite the fact that the curriculum is a calendar year curriculum, the faculty are on academic year contracts. At the time of the visit (in late February, 1994) the faculty had not been informed if they were going to be hired to teach for the summer. The majority of the faculty, annoyed with the short notice from the institution, were considering not teaching in the summer. If they do not choose to teach, a major crisis will occur, because all students in the program will not be able to progress. The problem, according to the faculty, does not reside at the departmental level, for they are unanimously supportive of the Chair. In view of their salaries, which are significantly less than the beginning salaries of the students they prepare, the faculty believe that they should at least receive 12 month appointments. The Dean, while cognizant of the problem, is reluctant to recommend 12 month appointments because of the potential effect on resources. He believes that other faculty, in other departments, will also request 12 month appointments creating significant problems in terms of resources to fund the appointments.

The faculty who participate in the admissions process were unaware of the articulation requirements for student applicants

with an A.A. degree. However, the FIU program does work closely with the Miami Dade Community College in the advisement of prospective applicants.

Strengths

- Leadership

  - The Chair is a respected educational leader in the physical therapy profession. Her sensitivity to the needs of the faculty, clinical community and the students is commendable. She is energetic, organized, creative, flexible and committed to the Department of Physical Therapy. It was apparent that the Chair is the reason the programs continue to function in challenging times; she is literally "the glue that binds" the program together.

- Faculty

  - The faculty are cohesive, knowledgeable and committed to providing the students with the highest quality education. According to the students the faculty are "always available" and always willing to work with the students to ensure they grasp the content and learn the skills. They appear to be excellent teachers. The faculty are powerful role models for the students.

- Diversity

  - The diversity in the student body and on the faculty is praiseworthy. The program has been identified as a model for the profession and has received awards for its commitment to diversity.

- Curriculum

  - The curriculum is rigorous and academically sound. It appears to prepare the graduates to be excellent practitioners and fine problem solvers. The students are expected to become critical thinkers and reflective practitioners.

- Quality of students

  - The students appear to be excellent academically, well-rounded, articulate and committed to improving the human condition. They are impressive as individuals and as a cohesive student body. The graduate students are impressive and will be sought by healthcare and academic institutions.

- Support from the clinical community

  - The clinical community values the FIU program and is committed to its support. The employers describe the graduates of the program as excellent professionals.

Areas of Concern

- Faculty vacancies

  - There are six vacant positions (from a total of nine positions) and one extant faculty member is considering retiring.

- Faculty salaries

- The faculty salaries are below national norms. The shortage of experienced faculty regionally and nationally, and considerably higher salary in other institutions makes the FIU program vulnerable to "raiding" by other institutions.

· Length of appointment

- The rationale for appointing faculty to 9 month appointments in a curriculum with ample enrollment and a 12 month curriculum is unclear.

· Space for the program

- The space allocated to the program is inadequate.

· The health related programs do not appear to be essential components of the mission of FIU

- It is fully recognized this is an institutional decision. On the other hand, with finite resources available, it is unclear whether the program will receive the needed resources when it is not central to the FIU mission.

· Curriculum

- The expectations for the students appear to be consistently at a level that is above the typical bachelor's degree program.

· Admissions

- The admissions committee appears to be unaware of the

need to observe the conditions relative to the articulation agreement with community colleges. This appears to be an oversight.

Recommendations

- Faculty salaries
  - Consider adjusting faculty salaries to be competitive with national norms
- Length of appointment
  - Consider 12 month appointments as an option for physical therapy faculty
- Space for the program
  - The program should be allocated reasonable space to conduct its mission. Consider renovating the extant space into more usable sized rooms.
- Curriculum
  - The entry level (bachelor's) curriculum as is, is not a graduate level program but should be evaluated for development into an entry level graduate program. This will involve an examination of the philosophy, mission, goals, etc. Any proposal should be supported by sound academic rationale rather than length or credit hour requirements.

- Admissions process

  - Review the relevant regulations and revise the admissions process, if necessary, to become compliant with the regulations; particularly with respect to applicants from community colleges.

- Faculty practice

  - Explore the potential for initiating a faculty practice which will provide on-site opportunities for faculty and students. Optimally, the practice will also generate funds to augment the activities of the Department of Physical Therapy.

- Explore development of a clinical track (non-tenure)

  - A (non-tenure) clinical track allows for the recruitment and retention of master clinicians who can serve as teachers in specific clinical courses and practice to generate funds for the program in a faculty practice.

University of North Florida

Overview

This is a developing physical therapy program which has not graduated a class and is in the process of obtaining accreditation. The University of North Florida (UNF) prides itself on its customer orientation to students and their needs and its sensitivities to the needs of the region. The development of the physical therapy program was in response to and supported by the community. The community commitment is evident in their support for the UNF physical therapy program. While a building which will house the College of Health is being completed, several classes are held at local healthcare facilities. Although the arrangement is at times inconvenient for the students and those at the clinical facility, both constituencies reported that the arrangement was a positive attribute.

The faculty are well qualified and the director is an organized and knowledgeable leader. The advisory committee includes the community of interest and has an active role in the development of the program. Clinicians from the community frequently teach in the didactic and experiential components of the professional curriculum. It was evident that the clinical community has some ownership and is proud of the academic program.

The curriculum involves 7 semesters which include the summers between the junior and senior year and the summer after the senior year. The final semester is the fall semester of the fifth undergraduate year. In comparison to the other SUS programs, the UNF program involves a total of 2480 student

contact hours in lectures/seminars, clinical skills laboratories experiences and clinical education experience. Eighty-one semester credit hours are included in the professional program. The curriculum appears to be current and at a level that is more typical of graduate preparation for physical therapy. The revisions sent to the accrediting body, which has already granted candidacy status, suggest the program is progressing toward an accredited status.

The physical therapy program at UNF should have for limited access status. The applicant pool is large and the accepted students interviewed (nearly the entire student body) were energetic, articulate and very supportive of the program and the faculty. The admissions process appears to be fair and treats native students and Florida public community college AA transfers as equivalent.

Strengths

- The synergistic relationship of the healthcare community and the program

  - It was evident that community support goes well beyond the financing of the initial development of the program. Clinicians are involved in advising the program, are participants in the admissions process and are involved in the academic and clinical teaching. In turn the academic faculty have been sensitive to community needs and have made the provision of continuing education for the community a priority.

- The leadership at UNF

  - The commitment to quality, responsiveness to the needs

of the community and partnering for win-win initiatives appears to be a hallmark of UNF. The President, Provost and Dean were impressive in their focus on the UNF's mission and their knowledge of and support for the developing physical therapy program. The administration's concern and involvement is characterized by its commitment to providing high quality basic science courses which will support the professional program.

- The Program Director, is an energetic, experienced, dedicated, and competent leader. With her commitment to quality and her "can do" attitude, the Director is a positive and powerful role model for the faculty and students.

· The quality of the faculty

- The faculty appear to be well prepared for their roles and committed to producing high quality graduates. The students described the faculty as the most demanding they have experienced but "there for us any time." Several of the students described the faculty as the best teachers they have ever had while many others commented on the availability of the faculty to answer questions or work with them. In short, to the students, the faculty, both academic and clinical, were outstanding.

· The quality of the students

- By all accounts, the students interviewed were academically well prepared. Several of the students had earned degrees and several were adult learners.

The students are articulate and come from both four year and two year institutions. Although the program is new, the physical therapy students developed an award winning student organization. Apparently, despite the academic rigors of the curriculum, these students are well-rounded and committed to service and leadership on the campus. Their enthusiasm for the faculty and their profession was impressive.

- The professional curriculum

  - The professional curriculum appears strong and well suited to producing a very well educated physical therapist for current and future practice. In some respects, such as the emphases on diagnosis and problem solving, the coursework is similar to a graduate entry level curriculum. When asked about the curriculum, the students described the emphases on problem solving and the application of information to clinical situations. The physical therapy students with other earned degrees felt that the program was substantially more rigorous than their previous degree programs. The students and the clinical instructors reported that the students were well prepared for clinical rotations involving the application of their newly acquired knowledge to patient care situations. The clinical instructors who also had graduate entry level students from other institutions described the UNF students as comparable.

Areas of Concern

- Number of faculty

  - The curriculum model for this program (included in the

appendix) suggests the need for 7.63 FTE for the instructional needs of the program. The focused self-study indicates a total of 4.064 FTE available. In addition, the reviewer shares the concern about continuity of content and availability of faculty (outside of class time) as a result of substantial reliance on part-time and adjunct faculty.

- Faculty salaries

  - The nine month faculty salaries, even when adjusted for 12 month appointments, do not appear competitive with salaries for physical therapy faculty nationally. The salary and expectations for faculty may result in attrition.

- Twelve month program and less than 12 month appointments for faculty

  - The curriculum for students is based upon a 7 semester continuous enrollment. The faculty, except for the Director, are on 9 month appointments. There is no guarantee that faculty will be available to teach the entire 12 months the curriculum requires.

- Diversity in the student body

  - The student body does not appear to reflect the diversity found in the population.

- Space for faculty offices

  - Until the new building is completed, the space for faculty offices is marginal.

Recommendations

- Develop a course for clinical instructors

  - Clinicians who teach UNF students in the clinical education components of the curriculum expressed a desire for instruction in how to become a better clinical instructor. Their request is very well intended and should be given serious consideration.

- Enhance diversity

  - An aggressive program to improve diversity should be developed and implemented. Optimally, the program will focus on both recruitment and retention. The physical therapy program is encouraged to use the "10% option" to improve diversity.

- Consider appointing an appropriate number of faculty for 12 month appointments

- Examine the number of faculty required for the program and consider full time appointments for additional faculty

- If possible, adjust faculty salaries to levels that are competitive with national norms

Appendices

BOR Consultant's Curriculum Vita

Sample MPT Curriculum

Instructional Needs Based on Curriculum

- Overview of the Five SUS Physical Therapy Programs
- Faculty FTE Needed for Physical Therapy Programs[3]

Community College Articulation

Graduate and Employer Survey

SUS Coordinators of Physical Therapy Review

Supplemental Information from Florida A&M University

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[3] Prediction of instructional needs only based upon the curriculum. Please note the number of FTE required is substantially less than the number of individuals because it is rare to find a faculty member who is an expert in more than two areas within physical therapy.

BOR Consultant's Curriculum Vita

CURRICULUM VITA

Christopher E. Bork

Address: School of Allied Health
Medical College of Ohio
3000 Arlington Avenue
Toledo, Ohio 43699-0008

Telephone: (419) 381-4233/4

Birthdate: June 20, 1946

Spouse: Suzen Hampshire Bork

Children: Erik Christopher Bork
October 24, 1980

Timothy Hampshire Bork
March 14, 1983

Educational History:

1980 Doctor of Philosophy
State University of New York at Buffalo
Dissertation title: "The Influence of Cognitive Style Upon Clinical Evaluation"

1975 Master of Science
Allied Health Sciences
Southwest Texas State University
San Marcos, Texas

1969 Bachelor of Science
Physical Therapy
State University of New York at Buffalo

1964 New York State Regents' Diploma
Maryvale High School
Cheektowaga, New York

Employment History:

1992- Dean and Professor
School of Allied Health
Medical College of Ohio
Toledo, Ohio

1986-1992 Associate Professor and Chair
Department of Physical Therapy
College of Allied Health Professions
Temple University
Philadelphia, Pennsylvania

1985	Associate Professor and Interim Chair Department of Physical Therapy College of Allied Health Professions Temple University Philadelphia, Pennsylvania
1983-1985	Associate Professor and Director of Graduate Studies Department of Physical Therapy College of Allied Health Professions Temple University Philadelphia, PA
1984-1991	Partner University Physical Therapy Associates Wyncote, Pennsylvania
1980-1983	Associate Professor and Chair Department of Physical Therapy Boston-Bouve College of Human Development Professions Northeastern University Boston, Massachusetts
1978-1990	Consultant Grant proposals for Title III and health: Educational Planning Management Services Corporation Washington, D.C. 20016
1978-1990	Consultant and Contributor Action Research Associates, Inc. Naples, Florida
1978-1979	Research Assistant Department of Social and Preventive Medicine State University of New York at Buffalo Buffalo, New York
1975-1978	Assistant Professor and Director of Clinical Education Department of Physical Therapy State University of New York at Buffalo
1978	Administrative Consultant (Special Improvement Grant) Department of Physical Therapy State University of New York at Buffalo
1977-1979	Lecturer College of Health and Human Services State University of New York at Buffalo
1973-1975	Chief Physical Therapist Seton Medical Center Austin, Texas

1973-1975	Physical Therapy Consultant Miller's Rest Homes, Inc. Austin, Texas
1973-1975	Lecturer Texas Nursing Home Association 200 hour course for administrators Austin, Texas
1975	Consultant Texas Nursing Home Association Pilot Project on Audio-visual Skills Packages for Nursing Assistants in Nursing Homes Austin, Texas
1972-1973	Private Practitioner Walden Medical Center Cheektowaga, New York
1969-1973	Staff Physical Therapist St. Joseph Intercommunity Hospital Cheektowaga, New York

Professional Activities:

1994-	External Consultant for Program Review: Physical Therapy Board of Regents State of Florida
1994	Grant Review Panel Member Bureau of Health Professions Department of Health and Human Services
1994	Member- National Rural Health Association
1994	Member- American Academy of Physician Assistants
1993-	Steering Committee Coalition for Allied Health
1991-	Editorial Board - Research Design Consultant Journal of Hand Therapy
1990-	Consultant on Rehabilitation and Education Project Hope Overseas Programs
1988-	Consultant On Post-baccalaureate Entry Level Education American Physical Therapy Association
1987-	Manuscript Reviewer Journal of Physical Therapy Education
1985-1988	Commissioner Commission on Accreditation of Education (CAPTE) American Physical Therapy Association (APTA)

1992-	Association of Schools of Allied Health Professions Accreditation Committee 1994- Education Committee 1992- Resolutions Committee Chairperson 1990 Cost Construction/Analysis Expert for Physical Therapy 1989
1992-	Midwest Association of Allied Health Deans Secretary/Treasurer 1993-
1983	Content expert/question contributor for Professional Examination Service
1983 -	CAPTE/APTA Team Leader for Accreditation
1982-1983	CAPTE/APTA Site Visitor for Accreditation
1981-1983	Manuscript reviewer for Physical Therapy
1982-1983	Co-director for Programs Eastern Massachusetts District APTA
1981-	American Physical Therapy Association (APTA) Section Membership: Research Education (active) Orthopaedics Clinical Electrophysiology
1978-1985	American Association for Higher Education
1976-1983	Instructor Cardiopulmonary Resuscitation American Red Cross
1975	Chairman Austin Physical Therapy Forum

Professional Licenses:

New York	Physical Therapy #2792
Ohio	Physical Therapy #PT5865 (current)
Pennsylvania	Physical Therapy # 001240-E
Texas	Physical Therapy #966

Awards and Honors:

1992-94	Who's Who in America
1979	Recipient - Outstanding Young Men of America
1976-1978	President, Alumni Association Department of Physical Therapy
1976-1978	Member, General Alumni Board of Directors State University of New York at Buffalo

1968-1969 Dean's List
State University of New York at Buffalo

1964 New York State Regent's Scholarship

Publications

Woolley, S. Rubin AM. Chronis C, Dailey V, Bork CE, Gerard G: The Relationship Between Static Stabilometry, Transcranial Doppler and SPECT in Patients with Central Dizziness. (Accepted for publication) Am J Otology. 1994

Rubin AM, Gerard G, Bork CE, Grubb BP: Central dizziness associated with cerebral blood flow disorders. Am J Otology. 1994

Rubin AM, Gerard G, Bork CE: Transcranial doppler (TCD) and single photon emission computed tomography (SPECT) in evaluating central dizziness associated with cerebral blood flow disorders. In *Diagnostic and Rehabilitative Aspects of Dizziness and Balance Disorders*: Arenberg IK editor. Amsterdam: Kugler Publishers. 1993.

Bork, C.E. (editor) *Research In Physical Therapy*.Philadelphia: J.B. Lippincott Co. 1993. 13 Contributors, 14 Chapters, 367 pages.

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Bork, CE: Truth and Theory
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Bork, CE: The Research Proposal

Snyder-Mackler L., Bork CE: Effect of Helium-neon Laser Irradiation On Sensory Nerve Latency. Physical Therapy 68:223-225, 1988.

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Mettler P, Bork CE: Tenure and the Allied Health Professions. Journal of Allied Health, 13:1, 1985

Bork CE, Francis JB: Developing Effective Questionnaires. Physical Therapy 65:5, 1985.

Francis JB, Bork CE, Carstens SP: *The Proposal Cookbook*, Edition 2, Naples, Florida. ARA Press, 1984

Francis JB, Bork CE: *The Design and Administration of Mail Questionnaires*. Edition 3, Naples Florida. ARA Press, 1984.

The Foot and Ankle. Tank, R. editor (compendium)
Sports Physical Therapy Section of the APTA. 1982 contributor

The Physiological Basis of Running. (compendium)
Sports Physical Therapy Section of the APTA. 1982 contributor

Bork CE: The Relationship of Cognitive Style to Problem Solving. Proceedings of IX International Congress of the World Confederation of Physical Therapy-Part One. Legitimerade Sjukgmnasters Riksfordrind Stockholm 1982 p.p. 79-83

Francis J B, Carstens SP, Barr DE, Bork CE, Jagalla M: Evaluation of Change Magazine Reports on the Excellence in Teaching. Change, August 1978 (non-refereed)

"The Kinesiology of the Shoulder", Instructional Videotape (funded by Division of Allied Health Manpower, Public Health Service, Washington, D.C.) 1977.

Abstracts

Woolley, S, Rubin AM, Chronis C, Dailey V, Bork CE, Gerard G: The Relationship Between Static Stabilometry, Transcranial Doppler and SPECT in Patients with Central Dizziness.Proceedings of the American Neurotology Society. 1994

Rubin AM, Gerard G, Bork CE, Grubb BP: Central dizziness associated with cerebral blood flow disorders. Proceedings of the American Neurotology Society. 1993

Rubin AM, Gerard G, Bork CE, Grubb BP: Transcranial doppler and single photon emission computed tomography for diagnosing patients with central dizziness. Proceedings of the Triological Society 1993

Bork CE, Snyder-Mackler L, Altshuler LH, Bench CJ, Booth JE, Conger DG: *The Effect of Helium-Neon Laser Irradiation on Pain, Range of Motion and Grip strength in Rheumatoid Arthritis.* Preceedings of the Annual Conference of the American Physical Therapy Association, June 1990

Gordon V, Bork CE: *Comparison of ARNAS vs. Conventional Wheelchair On Cardiovascular Response.* Physical Therapy 66:5, 1986.

Bork CE: *Dimensionality and Academic Performance in the Anatomical Sciences.* Physical Therapy 65:5, 1985.

Snyder-Mackler L, Bork CE, Fernandez J: *The Effect of Helium Neon Laser on Latency of Sensory Nerve.* Physical Therapy 65:5,1985

Snyder-Mackler L, Bork CE: *The Effect of Cold Laser on Musculoskeletal Trigger Points: A Double Blind Study.* Physical Therapy 64:5, 1984.

Gandy JS, Bork CE: *How Clinicians Address Student Clinical Education Problems.* Physical Therapy 64:5, 1984.

Bork CE: *Cognitive Style and Clinical Evaluation Performance.* Physical Therapy 61:5, 1981.

Protas EJ, Bork CE: *Training Variables and Recent Injuries of Marathon Runners.* Physical Therapy, 60:5, 1980.

Protas EJ, Bork CE: *Knee Torque Measures in Male Marathon Runners.* Physical Therapy, 60:5, 1980.

Bork CE: *Cybernetics, Cognitive Structure and Clinical Education.* Physical Therapy, 59:5, 1979.

Presentations:

1994 "*The Gerontological Initiative for Visionary Education (GIVE) Program*" Session on Rehabilitative Services in Rural Communities: Student Preparation and Recruitment for Rural Practice.
17th Annual Conference
National Rural HealthAssociation
San Francisco, California

1994 *"Impact of Proposed Changes in the Health Care System on Allied Health Workers"*
The Role of Allied Health in the Delivery of Primary Care -
National Two Day Workshop.
Thomas Jefferson University
Philadelphia, Pennsylvania

1994 Keynote Speaker: Seventh William Burian Memorial Lecture.
Deans' Research Conference.
University of Indianapolis, Indianapolis, Indiana.

1991 Keynote address. Physical Therapy Awards Presentation
Medical College of Ohio

1989 Physical Therapist Education: A Wise Investment of
Scholarship Dollars, AMBUCS Northeast Regional
Conference, King of Prussia, Pennsylvania

1989 Expectations of Higher Education
APTA, Fort Lauderdale, Florida

1988 Self Study Workshop, Sponsored by the Department of
Accreditation, APTA, Las Vegas, Nevada

1987 Self Study Workshop, Sponsored by the Department of
Accreditation, APTA, Atlanta, Georgia

1987 "Establishing A Research Environment - The Chair's
Perspective"
Northeast Regional Deans' Conference
Hyannis, Massachusetts

1986 "Tenure and the Allied Health Professions - An
Update"
Northeast Regional Deans' Conference
Freehold, New York

1984 Update on Selected Therapeutic Modalities (laser).
Southern District of the New Jersey Chapter of the APTA
Mays Landing, New Jersey

1984 "Problem Solving Style and Clinical Evaluation".
APTA Reconvened Meeting
Maui, Hawaii

1984 "Initiating Clinical Research"
CAHP Continuing Education Division,
Temple University

1982 Faculty Evaluation Workshop
Department of Education of APTA.
Anaheim, California (Presenter)

1981 Alternative Learning Theories for Clinical Education.
Combined Clinical Institute
Ashland, Massachusetts

1980 "Dissertation Proposal Workshop"
Doctoral Club of State University of
New York at Buffalo

1980 Small group facilitator
Combined Sections Meeting of the APTA
New Orleans, Louisiana

1979 Research Proposal Workshop for the Community
Health Section
American Physical Therapy Association
Atlanta, Georgia

1974 "Neurophysiological Approaches to the Treatment of Hemiplegia"
Dallas Presbyterian Hospital
Dallas, Texas

References

Available upon request.

Sample MPT Professional Curriculum

Master of Physical Therapy Curriculum
(Semester Model)

Year One

Human Anatomy (lecture) 1
Human Anatomy (dissection laboratory) 1
Clinical Kinesiology 1
Behavioral Science 1
Critical Analysis 1
Human Development
Basic Skills and Evaluative Procedures 1

Human Anatomy (lecture) 2
Human Anatomy (dissection laboratory) 2
Clinical Kinesiology 2
Rehabilitation Strategies 1
Neuroanatomy
Basic Skills and Evaluative Procedures 2
Clinical Education 1

Year Two

Musculoskeletal Dysfunction 1
Critical Analysis 2
Neuromuscular and Exercise Physiology
Phamacology, Wellness and Nutrition
Behavioral Sciences 1
Neurological Dysfunction 1

Behavioral Sciences 2
Neurological Dysfunction 2
Musculoskeletal Dysfunction 2
Electrophysiologic Tests and Procedures
Cardiopulmonary Dysfunction
Research 1
Clinical Education 2

Year Three

Neurological Dysfunction 3
Musculoskeletal Dysfunction 3
Rehabilitation Strategies 2
Medical Sciences
Clinical Simulations 1
Research 2
Clinical Education 3

Clinical Simulations 2
Research 3
Clinical Education 4
Health Care Organizations
Gerontology

Overview of the SUS Physical Therapy Programs

COMPARISON OF THE FIVE FLORIDA S.U.S. PHYSICAL THERAPY PROGRAMS

Institution:	Curriculum Length in Semesters	Credit hours: Professional Curriculum	Student Contact Hours: Lecture or Seminar	Skills Laboratory	Clinical Education	Total	Enrollment in one class (e.g. class of 92)
Florida Agricultural and Mechanical University	6 incl 2 summers	65	710	994	896	2600	45
Florida International University	8 incl 3 summers	106	1251	616	1104	2971	48
University of Central Florida	7 incl 3 summers	80	472	1138	1160	2770	24
University of Florida	6 incl 2 summers	62	474	555	720	1749	46
University of North Florida	7 incl 2 summers	81	756	754	970	2480	24
	Median	72.5	592.0	805.0	1000.0	2685.0	
	Mean	78.8	732.6	811.4	970.0	2514.0	
	S.D.	17.5	318.0	248.6	174.7	465.9	

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Faculty FTE Needed for Physical Therapy Programs

Faculty FTE Needed for Bachelor's Level Physical Therapy Programs

(Based on Spreadsheet Model for Program Curriculum)

University	FTE Faculty Required	FTE Faculty Outside	FTE Faculty PT Program
UF	5.92	0.13	5.8
FAMU	9.21	0.67	8.54
UCF	5.41	0.1	5.31
FIU	15.4	1.34	14.07
UNF	7.63	0.48	7.16

Community College Articulation

Community College Articulation

During the site visits for the Physical Therapy Program Review, several questions emerged regarding the rights of Associate of Arts degree (A.A.) graduates from Florida Community Colleges in gaining admission to limited access programs. Listed below are some of the questions and responses.

1. Should community college AA students already have their A.A. degree in hand at the time of application, in order to be considered an A.A. transfer, or is it sufficient that they be on track to receive the A.A. prior to enrolling in the Fall?

According to Section 240.2097 Florida Statutes (F.S.), the student should have the A.A. degree to be considered an A.A. transfer under the articulation agreement. Therefore, technically, the student would need to have the A.A. degree at the time of application. It is the institution's prerogative to determine if they will conditionally accept, as A.A. transfers, those who are on track to receive their A.A. prior to enrolling in the program. By statute and Rule 6A-10.024(12), A.A. transfers should have the same opportunity to enroll in limited access programs as native university students. Therefore, if native university students may apply during their sophomore year, if they are on track to be upperclass students by the time of enrollment in the Fall, community college students should be afforded the same opportunity.

2. Do native university students and A.A. transfers have to be given first priority over other students who may have excellent credentials, such as those who already have bachelor's or master's degrees?

It is the institution's prerogative to give priority to native university students and A.A. transfers if they wish, or to accept students based on their credentials, as long as native students and A.A. transfers are treated equally.

3. If an A.A. recipient takes a few courses at a university while waiting to be accepted into a physical therapy program, do they lose their A.A. transfer status?

It is the institution's prerogative to determine whether such students should still be considered A.A. transfers or not. For the sake of consistency, the SUS may wish to agree on a certain maximum number of hours a student may take after receiving the A.A., but prior to being admitted into a major, within which the student does not forfeit A.A. transfer status.

4. Do native university students and A.A. transfer students receive priority over out-of-state transfer students for admission into limited access programs?

Yes they do, for all programs, by state statute (240.115(1) F.S.).

Graduate and Employer Survey

1993-94 EMPLOYER OPINION SURVEY[4]

STATE UNIVERSITY SYSTEM

PHYSICAL THERAPY

Total Training-related Firms Employing SUS Grads.	Undeliver-able	Contacted	Responses	Response Rate
37	4	33	24	73%

Total Graduates (bachelor's)	Total Employed (Florida)	Total Employed Full Quarter (4th quarter, 1993-94)	Full Qtr Avg Earnings
101	83	69	$10,229

[4]The survey was conducted in 1993-94 by the Florida Education and Training Placement Information Program (FETPIP). The population surveyed was training-related Florida employers of 1991-92 graduates of SUS bachelor's programs in physical therapy.

PHYSICAL THERAPIST
a-33/b-24/c-73%

PUBLIC EDUCATION	1.42
VOCATIONAL EDUCATION	1.86
ENTRY LEVEL PREPARATION	1.92
EMPLOYEE WORK HABITS	1.92

Interpretation of the practitioner's referral.	2.00
Provision of the initial physical therapy assessment of the patient.	2.00
Development of a treatment plan including the long & short term goals.	1.93
Implementation of or directing implementation of the treatment plan.	2.00
Reassessment of the patient in reference to goals, and when necessary, modification of the treatment plan.	1.92
Identification of & documentation of precautions, special problems, or contraindications.	1.93
Keeping of adequate written medical records.	2.00
Demonstrate knowledge of applicable Federal & State Laws.	1.69
Delegation of appropriate tasks.	1.91
Direction & supervision of supportive staff in a manner appropriate for the patient's individual needs.	1.80
Collaboration with members of the health care team when appropriate.	1.77
Demonstrate interpersonal & leadership skills.	1.77
Written communication skills.	1.93
Verbal communication skills.	2.00
Math computation skills.	1.90

key:

1.0 = very dissatisfied
1.5 = neither satisfied/nor dissatisfied
2.0 = very satisfied

Physical Therapy
University Coordinators

State University System
Coordinators of Physical Therapy Review

UF
Dr. Gene Hemp
Vice Provost

Dr. Martha Clendenin
Chair of Physical Therapy

FAMU
Dr. James Ammons
Associate Vice President

Dr. Jacqueline Beck
Dean of Allied Health

UCF
Dr. Frank Juge
Vice Provost

Dr. Richard Talbott
Associate Dean, College of Health
and Public Affairs

FIU
Dr. Judith Blucker
Executive Associate Provost

Dr. Awilda Haskins
Chair of Physical Therapy

UNF
Dr. Charles Galloway
Associate Vice President

Dr. Martha Rader
Director of Physical Therapy

BOR
Dr. Gita Wijesinghe Pitter
Specialist, Program Review

Supplemental Information[5] From Florida A & M University

[5]The following supplemental information was provided by Florida A & M University in February 1995.

Florida Agricultural and Mechanical University
School of Allied Health Sciences
Division of Physical Therapy Program Review
February 22, 1994
Supplemental Report

The Division of Physical Therapy at Florida Agricultural and Mechanical University (FAMU) was established in 1982 at the only Historically Black University (HBCU) in the State University System of Florida (SUS), as a part of the SUS of Florida's 1978 Revised Plan for Equalizing Educational Opportunity In Public Higher Education In Florida. The Division was the third baccalaureate degree offering in physical therapy to be developed in the SUS. Each class in the entry-level baccalaureate program has the potential to admit 45 students. For the 1993-1994 academic year, there are 39 seniors and 45 juniors in the upper-division physical therapy program.

There are currently five full-time faculty members in the division and one (.5) faculty from the biology department. Of the five physical therapy faculty, two are doctorally prepared and two are in the dissertation stage of their doctoral studies. The (.5) faculty from the biology department is also doctorally prepared. One faculty member is actively involved in research and currently generates $209,320 for a four-year grant period, from The Minority Biomedical Research Science grant. The division also generates $347,731.20 in external contracts and grants. In addition to teaching and research, the division provides clinical services to the Sunland Center in Marianna, Florida. The division also provides rehabilitative consultation services to the Athletic departments at the University and the FAMU Developmental Research School.

The entry-level baccalaureate degree curriculum is six semesters in length including the Summer semesters following the junior and senior academic years. The required classes are scheduled on a 12-month basis beginning the Fall Semester of the junior year and terminating at the end of the Summer Semester of the senior year with the culminating activity being a 12-week capstone internship. The Division of Physical Therapy has graduated 219 professional practitioners over the past ten years. Ninety-seven percent of the graduates passed the licensure examination in 1993. Ninety-five percent of the graduates (first-time takers) routinely pass the licensure examination.

The Division of Physical Therapy is housed in the Ware-Rhaney and Benjamin Banneker, Unit C Buildings on the campus of Florida A&M University. These resources are shared with other disciplines in the health sciences and the School of Nursing (Ware-Rhaney Building).

The Division Director, three of the faculty, and 1.5 secretaries are assigned office space in the Ware-Rhaney building. In addition to the office space, there is a large modality laboratory with contiguous storage space and a gross anatomy laboratory in the same building. Additional classroom space, an exercise laboratory, and a research laboratory space is assigned in the Benjamin Banneker Building, Unit C. Plans to construct a new

Note: This supplemental report was developed and provided by Florida A & M University

building to house the School of Allied Health Sciences have been developed and construction is scheduled to begin in 1997. A new $10.6 million building is under construction and will house University Science Research activity. The School of Allied Health Sciences has dedicated research space in the facility. It is scheduled for completion by the Fall Semester, 1995.

Based on information provided by the Academic Coordinator of Clinical Education, the Division of Physical Therapy currently has contracts with 311 clinical facilities for student internships. The majority of the clinical sites are outside the city of Tallahassee, but those in the City or within a forty-mile radius of the city are readily accessible to physical therapy students. A factor that has positively contributed to the accessibility of clinical opportunities is the fact that twenty-six graduates of our physical therapy program are currently employed at agencies in Tallahassee. Fourteen facilities provide internships on the basis of one-half day per week to one-day to full internships based on individual capability. For the 1993-1994 year, the local facilities requested that the one-half day clinicals be increased to a full day experience. The readiness to be flexible and the willingness to give continued support have made the local clinical community a mainstay in the success of the clinical phase of the professional program.

At this time, the clinical opportunities available to the program for internships and other clinical experiences appear adequate. To reinforce the clinical cognitive, affective, and psychomotor experiences available to students, the physical therapy faculty developed an innovative laboratory learning experience called "mock clinic". "Mock clinical" is a simulated clinical laboratory experience. The purpose of this class is to provide students with an active opportunity to participate in problem-solving, time management, organization, documentation and group discussion. The format is as follows: the class is divided into small groups -- each of which is given a patient care problem which is solved during a one-hour preparation period. A brief role-play scenario and a thorough open discussion (involving the class and instructor) of the written initial evaluation -- inclusive of justification for the "treating diagnosis" and treatment choices are required.

There are times, however, when a facility may be forced to inform our clinical coordinator of their inability to accommodate a student at a scheduled time because of reduced staff, staff turnover, and/or newness of staff. These situations are usually covered by one of the many other clinical opportunities available locally, throughout the State, Region, and Nation.

When a cancellation occurs in Tallahassee, professors who have part-time practices in local health care facilities, or one professor, who is a rehabilitation consultant with the University Athletic program, will provide clinical supervision in the appropriate agency. Through the creative utilization of local resources, and the adequacy of the clinical opportunities available to the program, it appears that if there is a need for expansion in

this area, it could be achieved without difficulty. [1]

With reference to applicants for admission, Florida A&M University is an Equal Opportunity/Equal Access University by policy and practice (Policy Statement, FAMU Office of Equal Opportunity/Equal Access, Revised 12/10/93). Historically, the data show that of 219 graduates between 1984 and 1993, sixty-two, or 29% are African-American. In addition, Florida A&M University subscribes to the Articulation Agreement between the State University and State Community/Junior College System. The admissions process is in compliance with applicable rules, policies, and procedures of the University, the Board of Regents, and the Legislature.

Policies and procedures governing admission to the Division of Physical Therapy are consistent with University policies referenced above. The Division of Physical Therapy is a limited access program and its admissions procedures are developed and implemented in accordance with the Limited Access Rule (6C - 6.001 (10) (e). The "10% Exception" Rule (6C-6.001 (10) (e) (6), states "Where necessary to achieve established equal access enrollment goals, up to ten percent of the students may be admitted to a limited access program with different criteria". Five of the forty-five students were admitted to the Fall 1993 Class through the application of this rule. Demographic information on the students admitted under the Rule was provided the Board Review consultant on-site.

A computerized database has been used with excellent results by the admissions committee for the 1992, 1993, and 1994 admissions process. This has given the program data with which to make longitudinal studies.

Demographic data for the students enrolled in the Division of Physical Therapy in 1993 are as follows:

1993 Enrollees - Related to the Limited Access Rule:

A. Students who Transferred with Associate of Arts Degrees from Florida Public Community Colleges....32 (38%)

B. Florida A&M University Native (FTIC) students.....23 (27.3%)

C. All other transfer students.....29 (34.5%)

Total students.....84

[1] Adapted from the report of the Academic Coordinator of Clinical Education in the Self-Study for Program Review.

1993 Enrollees - Related to Student Diversity:

A.	Caucasian	46	(54.76%)
B.	African-American	33	(39.2%)
C.	Hispanic	3	(3.57%)
D.	Other	2	(2.38%)
	Total students	84	

Demographic data for the class admitted to the Fall, 1994 Class are as follows:

Admissions - Fall, 1994 - Related to the Limited Access Rule

A.	Students who Transferred with Associate of Arts Degrees from Florida Public Community Colleges	24	(52.4%)
B.	Florida A&M University Native (FTIC) students	6	(13.0%)
C.	Students enrolled at Florida A&M University who transferred from other State Universities	10	(21.0%)
D.	All other transfer students	6	(13.0%)
	Total Students Admitted	46	

1994 Enrollees - Related to Student Diversity:

A.	Caucasian	41	(48.2%)
B.	African-American	30	(35.2%)
C.	Hispanic	9	(10.5%)
D.	Other	5	(5.8%)
	Total students	85	

Developments Since the February 22, 1994 Program Review

A. With regard to faculty...

At the time of the Review, five of eight positions were filled. Currently, six of eight are filled. Efforts to recruit faculty and the Director were aggressive. The following are results of those efforts:

1. The position of Director of Division of Physical Therapy was filled by a doctorally prepared, experienced, and qualified individual, on June 2, 1994, six months after the resignation of the previous director.

2. The anatomy instructor submitted his resignation on January 22, 1994, to be effective June 30, 1994. This position was filled with a Ph.D. anatomist on June 30, 1994.

3. An Assistant in Anatomy with 32 years experience in Anatomy at the University of Florida has been employed.

4. Two faculty, one employed since 1982, and one (the Coordinator of Clinical Education) employed since 1987, remain on the faculty.

5. An experienced Assistant Professor of Physical Therapy who was employed by the Division from 1982 - 1987, returned as a faculty member. This faculty person has an Advanced Master's Degree in Physical Therapy and is certified in Neurodevelopmental Training and Pediatric Physical Therapy.

6. The Communities of Interest continue to provide support, as has been their practice. Physicians in areas of specialization having significance for Physical Therapy education continue to provide instruction upon request. One practitioner (who is NDT Certified) has been contracted to provide instructional services during Fall, 1994.

B. With regard to existing space...

The Banneker C Building has been renovated and provided with a new air conditioning unit. In addition, existing space has been converted into six faculty offices and a secretarial unit. Space is adequate for the Division's needs and renovations have been completed.

C. With regard to equipment and resources...

In 1982, when the Physical Therapy program was implemented at Florida A&M University, it was housed in a newly constructed building with state-of-the-art equipment for physical therapy education. Since that time, funds have continually been allocated to maintain and upgrade existing equipment, as well as to acquire new equipment. As the program grew, more space and equipment were acquired to meet its developmental needs. An additional secretary was employed for the division in 1989. An anatomy laboratory was built and equipped in 1985. Additional office space was provided in 1987, 1989, and 1994. Laboratory space to accommodate a larger class was provided in 1991, and a research laboratory equipped with basic science laboratory supplies was provided as an incentive for research activity in 1992. Each year, requests for equipment are honored by the Dean. Students are provided opportunities for use of the "newest" technology in the Program's on-campus laboratories as well as during their clinical internships. In 1993, the Physical Therapy Division requested and received $21,330 of electrical stimulator units, sonicator ultrasound units, and other equipment. Other resources were in the form of computerized equipment and software for the enhancement of instruction. Among these were "A.D.A.M." and "MacBrainLesion" software programs and Macintosh computer equipment for group demonstrations.

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